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APPLICANTS Ehud Dafni, Caesaria, ISRAEL;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 12/19/2003				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 10	TOTAL CLAIMS 55
Verified and Acknowledged	Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 4	
ADDRESS AIR MAIL Ehud DAFNI 14 Snapir St. P.O. Box 5377 Caesarea, 38900 ISRAEL				
TITLE ASSESSMENT OF VASCULAR DILATATION				
FILING FEE RECEIVED 732	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	